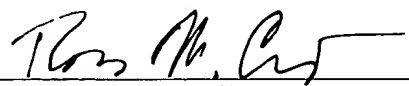



3739

|   |                                     |  |   |                               |                   |
|---|-------------------------------------|--|---|-------------------------------|-------------------|
| <b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>  |                                     |  |   | Docket No.<br><b>P015.01</b>  |                   |
| Applicant(s): <b>Berube, Dany</b>   |                                     |  |   |                               |                   |
| Serial No.<br><b>09/904,156</b>   | Filing Date<br><b>July 31, 2001</b> | Examiner<br><b>Peffley, Michael F.</b> |   | Group Art Unit<br><b>3739</b> |                   |
| Invention: <b>MONOPOLE TIP FOR ABLATION CATHETER AND METHODS FOR USING SAME</b>   |                                     |  |   |                               |                   |
| <u>TO THE COMMISSIONER FOR PATENTS:</u>   |                                     |  |   |                               |                   |
| Transmitted herewith is an amendment in the above-identified application.   |                                     |  |   |                               |                   |
| <input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.   |                                     |  |   |                               |                   |
| <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.  |                                     |  |   |                               |                   |
| The fee has been calculated and is transmitted as shown below.  |                                     |  |   |                               |                   |
| <b>CLAIMS AS AMENDED</b>  |                                     |  |   |                               |                   |
|   | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR            | NUMBER EXTRA<br>CLAIMS PRESENT  | RATE                          | ADDITIONAL<br>FEE |
| TOTAL CLAIMS  | 11 -                                | 20 =                                   | 0 x   | \$9.00                        | \$0.00            |
| INDEP. CLAIMS   | 2 -                                 | 3 =                                    | 0 x   | \$43.00                       | \$0.00            |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                     |  |   |                               | \$0.00            |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT   |                                     |  |   |                               | \$0.00            |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> <b>NOV 17 2003</b><br/> <b>TECHNOLOGY CENTER R3700</b> </div>                                    |                                     |  |   |                               |                   |
| <input checked="" type="checkbox"/> No additional fee is required for amendment.  |                                     |  |   |                               |                   |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____   |                                     |  |   |                               |                   |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  |                                     |  |   |                               |                   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. |                                     |  |   |                               |                   |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.   |                                     |  |   |                               |                   |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.   |                                     |  |   |                               |                   |
| <br>Signature  |                                     |  | Dated: <b>04-Nov-03</b>   |                               |                   |
| Reg. No. 44,593   |                                     |  | I certify that this document and fee is being deposited on <b>04-Nov-03</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.<br><br><br>Signature of Person Mailing Correspondence<br><br><b>Ross M. Carothers</b><br>Typed or Printed Name of Person Mailing Correspondence |                               |                   |
| CC:   |                                     |  |   |                               |                   |